

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an applicat. Once completed, return the application to the Occupational License division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: Vince's Construction Corp
BUSINESS STREET ADDRESS: 15420 S.W. 31st Davie, Fl., ZIP 33331
BUSINESS MAILING ADDRESS: Same ZIP _____
BUSINESS PHONE: 954-452-4371
DESCRIBE TYPE OF BUSINESS: Construction Office only
BUSINESS IS: Corporation ☒ Sole Proprietor _____ Partnership _____

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Vincent J. Cicos</u>	<u>15420 S.W. 31st</u>	<u>Davie, 33331</u>	<u>954-452-9999</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, _____, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Vincent J. Cicos

Print Owner or Officers Name and Title

Vincent J. Cicos

Signature of Owner or Officer

Office Use Only: Date <u>11/19/01</u> Category <u>05800</u>		Fee Exempt per Sec. 13-13 _____	
License # <u>02-16020</u> Control # <u>13398</u>		Fee <u>165.37</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____		Zoning <u>R-1</u>	
Town Council Date _____		Zoning Approval <u>Jobs</u> Date <u>11/20/01</u>	
Approved _____		Denied _____	
Tabled To _____		Approved _____ Denied _____	

OCCUPATIONAL LICENSE DEPARTMENT APPROVAL _____

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION